

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/589912

08/18/2007.

CLAIMS

	AS FILED		AFTER		AFTER	
	1 <sup>st</sup> AMENDMENT		2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5	1		1			
6	1		1			
7		1		1		
8	1		1			
9		1		1		
10	1		1			
11	1		1			
12	0		1			
13	0		1			
14	0		1			
15	1		1			
16	1		1			
17	1		1			
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TOTAL IND.			9			
TOTAL DEP.			9			
TOTAL CLAIMS			18			

	AS FILED		AFTER		AFTER	
	1 <sup>st</sup> AMENDMENT		2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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